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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753581

1. Corporation Name

LUTZ CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1 LUTZ FL ~~33549~~	P.O. BOX 1 LUTZ FL ~~33549~~

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) 33548 — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) 33548 — Country (30)

3. Date Incorporated or Qualifed: 08/01/1980

4. FEI Number: 59-2371532 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MEEKER, CAROLYN
17027 HANNA RD
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LAYNE, DENISE		1.2 NAME		
STREET ADDRESS	2504 AYERS HILL CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		1.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	2.1 TITLE	S	☐ Change ☒ Addition
NAME	MATTHEWS, NINA		2.2 NAME	MARION SMITH	
STREET ADDRESS	1517 BLIND POND AVE		2.3 STREET ADDRESS	P.O. BOX 1092	
CITY-ST-ZIP	LUTZ FL 33549		2.4 CITY-ST-ZIP	LUTZ, FL 33548	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MEEKER, CAROLYN		3.2 NAME		
STREET ADDRESS	17027 HANNA RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STOY, RONALD		4.2 NAME		
STREET ADDRESS	907 TOMLINSON DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	LASHER, DENISE		5.2 NAME	AURALEE BUCKINGHAM	
STREET ADDRESS	17513 MALLARD CT.		5.3 STREET ADDRESS	19216 BLOUNT RD	
CITY-ST-ZIP	LUTZ FL 33549		5.4 CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	POLZIN, STEVE		6.2 NAME		
STREET ADDRESS	17512 DRAKE CT.		6.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-19-99 813-949-1017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #